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COVER LETTER

Registration Sec Division of Corp		a	
SUBJECT:	rporació	ame of Limited Liability	ra CNR USA JJ
Dear Sir or Madam:			
The enclosed Statement o	f Correction and fee(s) as	re submitted for filing.	
Please return all correspon	idence concerning this m	atter to the following:	
Bern	Mu dez S	ilvia	
Cor	Firm/Company	Minera CI	MR USA HC
4613	Casor Ca	oue Dr.	
Or L	WJo FL y/State and Zip Code	32811	
E-mail address: (to E	exalcath living used for future annual	(: we report notification)	
For further information co	ncerning this matter, ple	ase call:	
Apribal Su Name of	Which Compensation	at (40)	334.3112— Daytime Telephone Number
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cit Tallahassee, Florida 3230	rcle	Reį Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314
Enclosed is a check for the	ae following amount:		
S25 Filing Fee	S30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	☐ 560 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 27, 2016

BERMUDEZ SILVA 4613 CESAR COVE DR ORLANDO, FL 32811

SUBJECT: CORPORACION MINERA CNR USA LLC

Ref. Number: L16000132056

We have received your document for CORPORACION MINERA CNR USA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please enter the type of document to be corrected in the third section of the form.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 716A00015789

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pulsuant to section 603,0209, P.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: The Florida Document number of the limited limital company is: 14/00013205C SECOND: -Organization Document to be corrected is: THIRD: CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT \checkmark Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Just the N-toa <u>08</u> Was defectively signed. The manner in which the document was defectively signed and the approas foilows: OR The electronic transmissic Date Authorized Representative Signature 6 Signature of new registered agent, if applicable if NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). New Registered Agent's Signature, if changing Registered Agent; Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familian with and accept the abligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being fitted to never reflect a charge in the registered office address, I hereby confirm that the limited liability company has been notified in writing . 🖯 this change ACCKWUS already Registered Agent's Signature Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)